

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)

SERIAL NO.  
7496374  
APPLICANT'S

FILING DATE  
2/2/00

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
	NO.	OFF.	NO.	OFF.	NO.	OFF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.	6						TOTAL NO.					
TOTAL OFF.	3						TOTAL OFF.					
TOTAL	9						TOTAL					

BEST AVAILABLE COPY